

Apr. 13. 2007 2:21PM

Radiologic Medical Services

No. 2896 P. 1

Radiologic Medical Services, PC

EXAM DATE: 04-13-07 PATIENT NAME: MICHAEL L SMOCK
PATIENT SSN: 484-84-2036 DOB: 06-29-65
ACCOUNT #: 43733 ACCESSION #: 18660

EXAM PERFORMED AT STEINDLER ORTHOPEDIC CLINIC

ORDERING PHYSICIAN: DANIEL D COONS, PA
CC:

INTERPRETING PHYSICIAN: THOMAS D BERG, MD

EXAM: MRI Ankle Right w/o contrast

INDICATIONS: Medial pain.
COMPARISON EXAM: None.

FINDINGS:

Standard right ankle MRI was performed without gadolinium. Examination demonstrates a well corticated bony ossicle just distal to the medial malleolus which may represent sequelae from a avulsion injury versus less likely an accessory ossicle.

The anterior and posterior talofibular and tibia-fibula ligaments are intact.

There is a longitudinal split of the peroneus brevis. Peroneus longus, extensor and flexor tendons appear grossly intact.

There is some minimal increased T2 signal within the deltoid ligament complex which may represent sequelae from prior trauma.

There is a small calcaneal spur present. The Achilles and plantar fascia insertions appear unremarkable.

IMPRESSION:

1. Small well corticated bony ossicle located just distal to the medial malleolus which is felt to represent sequelae from prior avulsion injury. There is accompanying increased T2 and T1 signal within the deltoid ligament complex (deep fibers) which I suspect is related to prior trauma
2. Longitudinal split peroneus brevis.
3. Mild degenerative/stress related changes in the posterior facet subtalar joint with associated small joint effusion.

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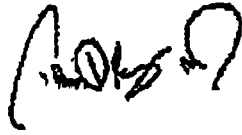
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No. 2896 P. 2

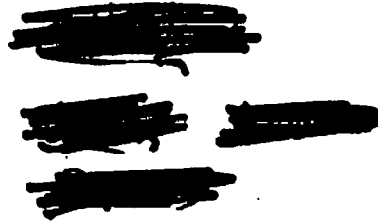
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